

Bits n Pieces

Dr. Michel Seghers is a plastic and reconstructive surgeon who practices in Brussels, Belgium. The following interview was conducted on Sunday, 4 October, 1992, at the Southern Comfort convention in Atlanta, Georgia.

Mini-Interview with Dr. Michel Seghers

Dr. Seghers: April—

CQ: Yes. The woman we wrote about in the first issue of the magazine. She went twice to Belgium. The first time she became ill and had to return to the U.S. without surgery.

Dr. Seghers: Yes. Two times in Belgium. She doesn't regret it. I remember she didn't argue much when she had to go back. Some are becoming a little angry because they are in Brussels and it isn't possible to come back. Even if they accept that they cannot have the surgery, they have special airplane tickets, so they have to wait in Brussels for their return flight. If they return early, I can do a medical attest that they had surgery— I don't say what— and that they should fly home as soon as possible. That would be a medical attest, which is normally accepted by the airlines. (Looking at tape recorder.) So, it's turning?

CQ: It's turning, yes. I was very taken by your work in Zaire (Dr. Seghers had just shown slides of some extraordinary facial reconstruction work he had done in what was then the Belgian Congo in the 1960s).

Dr. Seghers: Yes. I was not sure that it would interest people, because it is a little different, but I think it is helpful— to show not only the work I am doing now, for which I am known, but in the way that I have transitioned in my surgery.

CQ: I saw people who had been shot in the face. You had to do reconstructive work on children with their faces shot off.

Dr. Seghers: You see, it's major reconstruction. It's not delicate cosmetic or elective surgery, which I don't like too much. I don't like to spend too much time for small things. I wanted to

present the work in Zaire because I did it. I'm proud to have done it. I wanted to show that I have done major cases in difficult conditions, because I think that sometimes patients spending time in this type of surgery (SRS) would maybe think the surgeon is not the best at other things, and that he is doing SRS because he is not succeeding at the other type. Don't you think it's possible?

CQ: I think so. And I think that the experience— having to do that kind of work under such conditions obviously built a tremendous amount of skill.

Dr. Seghers: Yes. It's becoming more and more easy.

CQ: Have you published about your work with transsexual people?

Dr. Seghers: No. I have given papers at different meetings, even in the Netherlands, but there is no automatic written report. It was not published in writing.

CQ: I know you're using a perineal flap technique in your male-to-female surgery, and it probably should be published.

Dr. Seghers: Oh, it has been published, because I didn't take that from myself. At the last meeting of the Harry Benjamin Association in Cleveland, I got some reprints. This was working in my mind. I should do something because I am discarding too much skin from the scrotum, and I was convinced that there was some way to use that instead of discarding it. And it was at that meeting that I got a paper, and there was also a presentation by a surgeon from Miami, I think Dr. Small. The idea was good, so I adapted it, and I think now it is improving a lot of things.

And not only from what I saw at the Harry Benjamin Association. I saw some patients coming from Dr. Phillips in London. You know, it is a good center for reassignment surgery since a long time. Dr. Phillips was a urologist. He was well-known, maybe one of the first in Europe to do this work, but now he is retired. I saw a few of his former patients for improvement. During the labiaplasty, I found out that he was very good for the question of depth of the vagina, and I had some-

thing to learn from that. In Europe, I am better known for the cosmetic appearance after the main surgery, immediately.

CQ: Even without the double-Z-plasty?

Dr. Seghers: Even without that. Sometimes it's already good enough.

CQ: I think you're also well-known for this in the United States. In fact, you keep a six-month waiting list, don't you?

Dr. Seghers: Just now, it's about four months. I'm almost completely booked for January. In January, I think I have two or three possible, because a few are not confirmed. When I propose a date, I keep it open while I wait for the confirmation. If the confirmation doesn't come, or if the date is not possible, I re-book it. I don't like late cancellations, but that's okay; it happens, and I accept it. If I propose a date in January, and they say, no, that's not possible, give me two or three months ahead because I have money problems, or I cannot get time off from my job, I will reschedule them. So January is almost fully booked, and I don't think I will accept patients for February. So, March. I have just one patient for March— March second, if I have good memory.

CQ: You began doing this surgery fifteen years ago?

Dr. Seghers: Yes, in the early seventies. But just one case, and then it took two years to have another one. And now! Last year, I was above one hundred.

CQ: You know, Dr. Ratnam in Singapore, in a film, was talking about a woman in Singapore, and she was at his office every day, every day, every day, begging for surgery, and he said that he did her surgery, and then by word of mouth— is that what happened with you? Word of mouth?

Dr. Seghers: In Singapore is closed now, that possibility. I think maybe he retired, and nobody took over. I have heard that the program has been discontinued there. But yes, by word of mouth.

CQ: You have a very good sense of humor. Do you remember what you told my roommate, when she asked

about vegetarian meals? You said not to eat the meat, and then said to me, "I have trouble sometimes with vegetarians and Presbyterians."

Dr. Seghers: Yes. When people ask my religion, I used to say that I am vegetarian, but not practical— is it?

CQ: Practicing.

Dr. Seghers: My religion is vegetarian, but not practicing.

CQ: You have worked with Dr. Lambert, the anesthesiologist, for fifteen years.

Dr. Seghers: Oh, yes, since the beginning. Since the beginning, from hospital to hospital. She cares a lot, and she helps me.

CQ: You started working with American patients about four years ago?

Dr. Seghers: Oh, more than that. It was Michelle Hunt with another girl from California. They came two together. Then she stayed in Brussels and she made some publicity. In fact, I never arranged that with her, but she said, "I want to do something for people." She rented an apartment, and she stayed for one year. She went to the airport, meeting people, and arranging things, and taking them to my office. It made things easier for me at that time, but I understand that she had some-

thing else to do. I just spoke with her on the telephone. I will go to see her now. She's still a little interested because she still comes on different occasions to my home. Maybe I will show her the slides I showed here. She will be interested, and she will pass the word to other people. Not that I will do another meeting there, but I will show the slides.

CQ: There have been many people pigeonholing you out in the hall. Planning their own surgery. I'm sure you'll be seeing many of them in Brussels.

Dr. Seghers: Yes, and I saw several former patients from not too long ago—at least ten— and a few would-be candidates, and this will mean a little more when I see that they are coming from Decatur? This is a difficult word for me. In French, I would say Dehcatour.

CQ: It's actually part of Atlanta, so just say Atlanta.

Dr. Seghers: But it's so far from here to the airport, it's a long way.

CQ: It's all Metropolitan Atlanta. Do you have patients from all over the United States?

Dr. Seghers: More from California. A few from Texas, San Antonio, and Houston, too. And some from Georgia. Like you. ☞

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